

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 06/10/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445519	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 05/26/2021
NAME OF PROVIDER OR SUPPLIER NHC PLACE SUMNER			STREET ADDRESS, CITY, STATE, ZIP CODE 140 THORNE BOULEVARD GALLATIN, TN 37066		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F 000	INITIAL COMMENTS An investigation of complaint TN00054154 was conducted on 5/25/2021-5/26/2021 at NHC Place Sumner. Health Deficiencies were cited in relation to complaint TN00054154 under 42 CFR Part 483, Requirements for Long Term Care Facilities.	F 000			
F 755 SS=D	Pharmacy Svcs/Procedures/Pharmacist/Records CFR(s): 483.45(a)(b)(1)-(3) §483.45 Pharmacy Services The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.70(g). The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse. §483.45(a) Procedures. A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident. §483.45(b) Service Consultation. The facility must employ or obtain the services of a licensed pharmacist who- §483.45(b)(1) Provides consultation on all aspects of the provision of pharmacy services in the facility. §483.45(b)(2) Establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and	F 755			

RECEIVED
JUN 18 2021
BY: [Signature]

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Brenda Lee, Administrator

6/18/21

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the Institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 06/10/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445519	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 05/26/2021
NAME OF PROVIDER OR SUPPLIER NHC PLACE SUMNER			STREET ADDRESS, CITY, STATE, ZIP CODE 140 THORNE BOULEVARD GALLATIN, TN 37066		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F 755	<p>Continued From page 1</p> <p>§483.45(b)(3) Determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled. This REQUIREMENT is not met as evidenced by:</p> <p>Based on facility policy review, medical record review, and interview the facility failed to document medication administration for 1(Resident #5) of 3 residents reviewed.</p> <p>Review of the facility's policy "Administering Medications," revised 12/2012, showed " ...The individual administering the medication must initial the resident's MAR (medication administration record) on the appropriate line after giving each medication and before administering the next ones ..."</p> <p>Record review showed Resident #2 was admitted to the facility on 4/8/2021, with diagnoses which included Secondary Neoplasm of Brain and Type 2 Diabetes Mellitus with Hyperglycemia.</p> <p>Review of the admission Minimum Data Set (MDS) dated 4/15/2021, showed Resident #2 had a Brief Interview for Mental Status (BIMS) score of 13, which indicated no cognitive impairment.</p> <p>Review of the care plan dated 4/30/2021, showed Resident #2 was care planned for "at risk for complications related to diabetes." The interventions were to monitor blood glucose levels as ordered and administer medications and insulin as directed.</p> <p>Review of the physician orders dated 4/1/2021 through 4/30/2021, showed Resident #2 had these medications ordered during the day shift on 4/29/2021, cholecalciferol 50 mcg (micrograms) 1</p>	F 755			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 06/10/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445519	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 05/26/2021
NAME OF PROVIDER OR SUPPLIER NHC PLACE SUMNER			STREET ADDRESS, CITY, STATE, ZIP CODE 140 THORNE BOULEVARD GALLATIN, TN 37066		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 755	<p>Continued From page 2</p> <p>tablet daily, cyanocobalamin 500 mcg 1 tablet daily, dexamethasone 4 mg 1 tablet every 6 hours at 9:00 AM and 3:00 PM, fluticasone propionate 50 mcg 1 spray each nostril twice daily, Blood sugar check every 6 hours (9:00 AM and 3:00 PM), Humulin NPH 20 units every 6 hours (9:00 AM and 3:00 PM), Lactocaccillus acidophilus 0.5 mg daily, levetiracetam 500 mg twice daily, metformin 1000 mg 1 tablet twice daily, metoprolol tartrate 100 mg 1 tablet every 12 hours, ozempic 0.25mg subcutaneous once a day on Thursdays, Potassium Chloride 10 mEq (milliequivalent) 1 tablet daily, and fenofibrate nanocrystallized 145 mg 1 tablet daily.</p> <p>Review of the medication administration record (MAR) dated 4/1/2021 through 4/30/2021, showed Resident #2 did not receive his scheduled day shift medications on 4/29/2021.</p> <p>During an interview on 5/26/2021 at 11:42 AM, LPN #2 confirmed she did not mark on the MAR; she had administered the medication on 4/29/2021 and did not know why she did not sign off on them.</p> <p>During an interview on 5/26/2021 at 2:06 PM, the DON confirmed she did not see any initials indicating LPN #2 signed off on medication administration on 4/29/2021.</p>	F 755			

**The plan of correction for tag F 755 Pharmacy
Services/Procedures/Pharmacist/Records is as follows:**

- Resident #1 was discharged on 5/6/21 and no corrective action was able to be taken.

-An audit of 100% of residents was conducted dating back to surveyor exit date of 5/26/21 to ensure proper documentation of administration of medications for compliance with our facility's policy "Administering Medications ...The individual administering the medication must initial the resident's MAR on the appropriate line after giving each medication and before administering the next ones...". During the audit no other missing medication administration documentation was found.

-LPN #1 counseled on policy and procedure for Medication Administration documentation on 5/27/21. An in-service will be held for licensed nurses for reinforcement of the policy and procedure for "Administering Medications ...The individual administering the medication must initial the resident's MAR on the appropriate line after giving each medication and before administering the next ones..." by 6/25/21.

-Director of Nursing will monitor Medication Administration documentation on 10 residents each Friday x4 weeks and report monthly until QA committee states that the issue has been resolved.